

## **Interviewing Children and Adolescents: Skills and Strategies for Effective DSM-IV Diagnosis.**

**James Morrison and Thomas F. Anders.** Guildford Press, New York, NY. 1999 482 pp. \$45.00 USA.

In the few years it has been on the market, this book has become a well-regarded source of guidance for those working clinically with young people. This is of little surprise – the text is well written, rich in practical examples and pearls, handily referenced by either developmental stage or by diagnostic domain.

Dr. Morrison's medical and psychiatric training was completed at Washington University in St. Louis. Currently based at Temple University, he is also Chief of Staff at the Veterans Affairs Medical Centre in Pennsylvania. He has written previously on the challenge of diagnostic interviewing, and many will be familiar with this text *The First Interview: DSM-IV made easy*.

Dr. Anders' medical training was completed at Stanford, and he then completed psychiatric and analytic training at Columbia. He has chaired the divisions of child psychiatry at both Stanford and Brown Universities, and currently is based at U.C. Davis School of Medicine.

The text opens with a very practical introduction that nicely outlines why clinical interviewing in the paediatric population is not only different than adults, but also more challenging. It also serves to outline the structure of the text, and helps the user understand optimal ways to access information when in need. The authors assume that the reader may be at an early stage in their training, and introduce the role and function of the DSM clearly. The introduction closes with a series of clinical pearls that will be of use even if the reader goes no further with the text.

The first part of the book focuses on general approaches to the clinical interview. Basic structure and purpose of the interview are introduced, and are complemented with rich case examples. In addition, many strategies to open the interview and develop rapport are reviewed, and help the user appreciate a patient-centred approach to the collection of data.

The authors also invest a significant portion of the text reviewing the importance of development in the assessment of children and youth. To drive the point home, they provide six annotated transcriptions of interviews with different populations and settings (infant/toddler, 6 year old girl, 7 year old boy, 9 year old girl, adolescent, joint parent/child). These scripts are typical of many common presentations and serve to guide the reader in the integration of knowledge and skill.

Capping off the first part of the text is an excellent guideline for the written report of the clinical encounter. The presented formulation style is nicely tied into the DSM-IV system, and offers readers a reasonable standard on which to structure their reports.

The second half of the text applies the authors' core principles and skills to a variety of common clinical domains. Of particular use for the novice, each chapter summarizes DSM-IV criteria, tightly links presentation of symptoms to developmental stage, frankly reviews issues of comorbidity, gives several clinical vignettes which compliment the material, and reviews key strategies in assessment, diagnosis, and formulation.

The text comes alive in its second half. As the authors review diagnostic areas, they continue to demonstrate core principles and themes. They gently outline how to take a sexual history, how to inquire about maltreatment, how to explore substance use and experimentation, how to assess social and educational experiences – all in a non-judgmental, open-ended, and respectful manner. They continue to help the reader understand key differences in diagnostic concepts, and the text is rife with charts, tables, and boxes to help reinforce these points.

The book closes with a useful appendix that summarizes reference materials on structured interviews, including a number of psychometric instruments and literary citations. Lastly, they provide an appendix that summarizes the DSM-IV's categories and applications during various developmental stages.

This is an excellent resource for the novice clinician, and serves as an excellent review for those with more experience. It will be of particular use for trainees in children's mental health, and for those who teach interviewing skills to undergraduate and postgraduate learners.

**Derek Puddester MD**

## **Taking Charge of ADHD: The Complete Authoritative Guide for Parents. Revised Edition.**

**Russell A. Barkley, PhD.** Guilford Press. New York NY. 2000. 320 pp. Paperback \$18.95 USA

Once again, Dr. Barkley, a recognized authority in the field of Attention-deficit/Hyperactivity Disorder (ADHD), has written an eloquent, easily digestible and thorough exposé on a complex topic. Although written primarily for parents, as a child and adolescent psychiatrist I found it filled with useful information well supported by the scientific literature. This background is, of course, the foundation on which our clinical practice is based and is our best defense against, what sometimes seems like, an endless onslaught against our profession.

The book is easy to read and, in spite of its length at 320 pages, is well apportioned in its content and practical in its advice. Rich in anecdote and warm in understanding of the human experience of ADHD, this book should be a must for most parents.

The book is neatly divided into four parts. Part I, which occupies a third of the book provides an in depth understanding of ADHD. A history of the disorder is followed by a clinical description that leads into the central thesis that ADHD is much more than the list of criteria in DSM IV. ADHD is posited to be about an inability to inhibit, a failure in self-control and is related to higher executive frontal lobe functioning. This broader understanding invites a greater appreciation of the many academic, social, behavioral, psychological, emotional and family problems accompanying these children.

Part II deals with taking charge as parents. There is advice on how to seek a professional assessment, managing the emotional reactions to the diagnosis, guiding principles, including those of personal guru Stephen Covey, and advice on parental self care.

Part III offers assistance on behavioral management, solving peer problems, and managing adolescent and school issues. The behavioral strategies are targeted at a younger age group and, although repetitious of the basics, are, nonetheless, an important reminder that first principles come first.

Part IV, on medications was somewhat disappointing in breadth. While the stimulants were well covered, only six pages were devoted to the other agents. An obvious error is the reference to tricyclics sometimes being used for the treatment of depression in children. No mention is made of venlafaxine although bupropion is included. Given the presence of a number of excellent psychopharmacology books on the market at the time of publication and the need for parents to have an excellent source of information, the medication chapter did not live up to the rest of the book.

An excellent section on tapes, videos, books, academic references, support groups and websites rounds out a memorable read.

Dr. Barkley has produced a book that will be added to the list of practical, reasoned, well thought out and helpful resources for parents who are looking for it all in one place.

**Allan Donsky MD**